

For Cause Survey- The University Hospital-1/29/10

Patient initially came to ED for hand pain (fracture that was casted); sent to PES for psychotic symptoms; medicated in PES; admitted involuntarily to inpatient unit

Patient upset throughout stay because could not have cell phone; unit's practice is to prohibit any patient from having cell phone due to phone's capability to record, photograph, etc.

Patient paranoid with persecutory delusions/hallucinations; 2 altercations with other patients on 1/20/10; 1st attempted to kick another patient > placed in seclusion, received prn medication; 2nd verbal altercation resulted in escalating situation > nurse pressed panic button, received prn medication, escorted to seclusion room by police and staff, swung at police with casted hand

Patient more agitated/combative when restraint proposed; refused to be restrained; police attempted verbal intervention r/t complying with restraint; patient lunged at police; struggling ensued; taser deployed once; lifted to bed; restrained; clinical presence maintained throughout episode; physical exam done after taser deployed; no patient injury at site

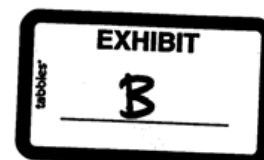
**Gene Ferrara, Director of Public Safety, provided explanation of taser deployment
Police not involved in education provided in October but have nonviolent crisis intervention training when hired
Officer who deployed taser trained/certified in use of device
1 taser used, (1) 5 sec. deployment to (L) hip/abdomen; computer chip records
Have use of force investigation summary
Have revised use of force policy**

Per David Schwallie, Director Risk Management, investigation pending > Staff interviews underway, coroner's report including toxicology underway, comprehensive analysis of incident will occur, police investigation underway

Jan Toler, Nursing Supervisor, observed incident; several staff/police talking to patient at once, trying to calm when in seclusion; restrained d/t patient's earlier assault, history of violence, unpredictability

Medical Record Review

**Positive patient had pain assessment for hand and prn medication, prn medication for anxiety/agitation 1/17/10, 1/19/10; patient debriefing after initial episode seclusion; shows description patient's behavior, attempts least restrictive interventions
Contraindications marked none but cast considered during restraint episode**



Follow-up Required:

1. **Revised Use of Less Lethal Force Policy**
2. **Use of Force Investigation Summary**
3. **Summary police investigation**
4. **Summary coroner's report**
5. **Evidence notification TJC/CMS**
6. **Possible Report. Incid. r/t patient death**

POC required r/t mandatory police force nonviolent crisis intervention training, staff education r/t contraindications/de-escalation assessment, restraint process, oversight r/t police use of tasers